

# REMARKS

The Office Action mailed September 10, 2001 has been carefully reviewed and considered. Claims 1-27 and 29-37 were pending in the present application. By way of this amendment and reply, claims 14, 30 and 33 have been amended and claim 38 has been added to further define the invention. No new matter has been introduced and no new issues are raised. Accordingly, claims 1-27 and 29-38 are pending for consideration.

In the Office Action, claims 14-27 and 30-32 were rejected under 35 U.S.C. § 112, second paragraph as allegedly indefinite. In response, Applicant has amended claims 14 and 30. The Office Action indicates that the recitation of categories of information renders the claim indefinite if the categories overlap. Applicant submits that the possibility that medical information may overlap with veterinary information or healthcare information does not render a claim invalid where it recites the inclusion of at least one of these. A bright-line demarcation between such types of information is unnecessary where one is not attempting to exclude one and include the other. Accordingly the rejection is believed to be overcome. Regarding claim 15, Applicant respectfully submits that the claim needs no further amendment. The phrase "practice guidelines of the inquirer's geographic region" means just that; the practice guidelines in place for the geographic region where the inquirer is located. Should the Examiner have any further concerns regarding the language of any of the claims, he is invited to contact Applicant's undersigned representative by telephone who will endeavor to promptly address such concerns.

Also in the Office Action, claims 1-17, 19-24 and 28-30 remain rejected under 35 U.S.C. § 102(e) as allegedly anticipated by Douglas et al. (U.S. Patent No. 6,039,688). In addition, claims 18 and 31 remain rejected under 35 U.S.C. § 103(a) as allegedly unpatentable over the same reference. For at least the reasons set forth herein, this rejection is overcome.

The present invention as claimed is directed to an interactive virtual doctor system allowing a user access to one or more levels of service with

progressively greater degrees of interaction. The first level of service is primarily informational, allowing a user to request information at the specific level of sophistication appropriate to the user's ability to use the information. At a second level of service the user can comment on the adequacy of the information and the system can determine if referral to a professional is necessary. At a third level of service a client-professional relationship is established and a professional advises the patient concerning the information needed and other actions which should be taken. At this level, the system can also identify several professionals who should form a team to advise the patient. At a fourth level of service, the system physically interacts with the patient, using monitoring devices or treatment devices. The system communicates messages to and from the devices to monitor patient parameters and to administer management advice, including monitoring or treatment, such as with drugs or other chemicals.

In contrast, as mentioned in applicant's last reply, Douglas et al. describe a behavior-modification program, where information on the current status of the patient, usually via completing a questionnaire, is provided to the advisor, and then modification assistance is given. The patient keeps a daily journal and through this builds a database that is used by the healthcare professional to monitor the patient's compliance with a program set for the patient, such as diet. If the patient records a higher blood pressure or there is some other sign of the program failing, then the compliance of the patient to the diet or some other factor is alerted and the patient is advised of non-compliance and his/her activities are modified (if the patient complies, of course). The alarm merely alerts the patient that a patient-reported finding is found to be of concern to the provider and needs immediate modification. How this is done is not explained, and it is presumed that the patient has someone to measure his blood pressure, the patient weighs himself, etc.

The reference also describes group counseling sessions, which can be transmitted via the Internet by recording on a disc and sending to patients to learn of similar problems and assistance given other patients in a psychotherapy

setting. In essence, changing one's lifestyle is the key to this reference and all of the methods proposed. This is not the same goal or approach taken in the present invention, and has little relevance except for its references to using e-mail, fax, etc., for communication between the parties, and affecting patient behavior by psychotherapeutic interactions. For instance, a cited portion of the patent provides contact of the patient to a village library to obtain recipes for better diets and to better educate the patient.

Turning to the claim language, claim 1 of the present application recites, in pertinent part, that "the processing device identifies a level of service and provides a user progressively greater degrees of interaction at respective levels of service." Independent claims 14, 29, 30 and 38 recite a similar feature. Claim 30, for example, recites determining a desired level of service access for the user and accepting a follow-up inquiry to provide a higher level of service access.

The Office Action alleges that Douglas et al. disclose this feature of the claimed invention and ascribes to the reference the teaching of a progression "from simple information gathering to invasive therapeutic intervention." Putting aside the inapplicability of the reference to the present claims for reasons already of record, Applicant respectfully submits that the reference does not, in fact, teach providing "a user progressively greater degrees of interaction" as cited in the present claims. Making an implicit comparison of the relative severity of simple information gathering to that of invasive therapeutic intervention as the Office Action appears to do does not constitute a teaching of a progression as claimed in the present application. Certainly, the device they do disclose may provide different features to a user, as identified in the Office Action, but no progression is taught. It is not directed to providing multi-level service. Accordingly, the rejections based on the Douglas et al. are respectfully overcome.

Also in the Office Action, claims 14, 20, 25-27, 30 and 32-36 were rejected under 35 U.S.C. § 102(e) as allegedly anticipated by Brown (U.S.

Patent No. 6,168,563). For at least the reasons set forth herein, this rejection is overcome.

As mentioned in Applicant's last reply, the abstract of the Brown reference generally states it is a system and method enabling a health care provider to monitor and manage a health condition of a patient. A script program is provided to the patient, who completes this and returns it to the provider via the Internet. In this way the provider can come back and ask questions of the patient and proceed to give advice. It also includes sending information supplied by a physiological monitoring device (not defined) such as a blood glucose monitor that is connected to the remotely programmable patient apparatus. After the patient data are received and processed for further management of the patient's health condition, another script program can be sent to the patient for controlling his lifestyle and even managing activities, to the extent that the patient does any of this, of course.

As mentioned above, the present invention as claimed is directed to an interactive virtual doctor system allowing a user access to one or more levels of service with progressively greater degrees of interaction. Turning to the claim language, independent claim 14 of the present application recites, in pertinent part, that "the processing device identifies a level of service and provides a user progressively greater degrees of interaction at respective levels of service." Independent claim 30 and amended independent claim 33 recite a similar feature. In accordance with the above description, Applicant submits that Brown does not disclose such a device. Like the teaching of Douglas et al., the device Brown discloses may provide different features to a user, as identified in the Office Action. It does not, however, provide "a user progressively greater degrees of interaction." There is no such progression in the reference. It is not directed to providing multi-level service. With respect to claims 33-36, it is further noted that Brown does not disclose a "treatment device" as recited in those claims. Accordingly, the rejection based on Brown is respectfully overcome.

Applicant respectfully submits that the claims are now in condition for allowance and solicits early notification of the same. Should there be any questions or concerns regarding the present application, the Examiner is invited to contact Applicant's undersigned representative by telephone.

Respectfully submitted,

DECEMBER 10, 2001

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**VERSION WITH MARKINGS TO SHOW CHANGES MADE**

Marked up rewritten claims:

14. (Twice Amended) A networked system linking individuals with a server that provides at least one [or more] of medical, veterinary, and health care information on subjects of interest to an inquirer, and allows the inquirer to interact with health care professionals at several levels with progressively greater degrees of interaction, from pure information gathering to medical diagnostic and therapeutic interventions.

30. (Twice Amended) A method of providing at least one [or more] of medical, veterinary, and other health care information on subjects of interest to a user, the method comprising:

- determining a desired level of service access for the user;
- accepting an inquiry from the user;
- composing a search request based on the user inquiry;
- searching a database, using the search request, in order to identify information requested in the user inquiry;
- providing the search results to the user;
- accepting a follow-up inquiry from the user which entails providing a higher level of service access; and
- allowing the user to request a consultation with a health care professional and, if desired by the user, providing the user with a list of possible health care professionals.

33. (Amended) A health care system for delivering health care to a patient at any one of a plurality of levels of service that provides progressively greater degrees of interaction, the system comprising:

- a server, communicatively coupled to a network, for receiving and transmitting signals;

- a monitoring device, communicatively coupled to the network and adapted to be connected to the patient, which is adapted to monitor the patient and to

transmit patient information to the server over the network when a highest level of service is utilized in the health care system;

a treatment device, communicatively coupled to the network and adapted to be connected to the patient, which receives a treatment signal from the server over the network and is adapted to administer a treatment to the patient based on the treatment signal received when the highest level of service is utilized in the health care system.